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XXIV. Labour including Factories;

XIII. Jails.'

This has been done in consultation with the hon. Leader of the Opposition."

MR. SPEAKER:—" Motion moved—

' That the order in which the Demands for Grants for the year 1952-53 is to be taken up in accordance with the Motion made and adopted on the 12th July 1952, be modified so that after Demand XXVIII—Electricity, the following Demands may be inserted as next in order:—

I. Land Revenue;

X. State Legislature;

XXIV. Labour including Factories;

XII. Jails'.

The motion was carried.

III.—PROGRAMME OF BUSINESS OF THE HOUSE.

SRI G. LATCHANNA:—" Sir, may I know, how long this session will continue? "

MR. SPEAKER:—" Perhaps the hon. Member means the programme of business. The Hon. the Leader of the House will be able to enlighten the House in the matter."

THE HON. SRI C. SUBRAMANIAM:—" As it is, we would close on the 31st of July, but I will be able to give a complete programme to-morrow after consulting the hon. Leader of the Opposition also in this matter."

IV.—VOTING ON DEMANDS FOR GRANTS FOR THE YEAR 1952-53—*cont.*

(1) DEMAND XVI—MEDICAL—*cont.*

* JANAB K. M. SEETHI:—" Mr. Speaker, Sir, though we are thankful to the Government for the increased provision made in the Medical Demand, the provision does not even touch the fringe of the problem of medical aid to be given to the citizens of this State. As has been pointed out, hundreds of villagers and lakhs of people are kept beyond the help and aid of hospitals, rural dispensaries and other medical centres and the number of such centres and institutions are far less than the number which this State requires. It is known from the speech of the Hon. Minister for Health that even rural dispensaries and other medical centres already opened had to be closed down for want of doctors to be put in charge of them. This is a matter which requires the urgent attention of the Government and there should be sufficient number of doctors for this purpose. Even if rural dispensaries or hospitals are opened by the Government, they cannot be run as there is not a

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sufficient number of doctors available in this State. It is the primary duty of the Government to supply adequate number of doctors to render medical aid to the citizens of this State either as doctors in charge of institutions established by the Government or as private practitioners. In this connection the necessity for opening more medical colleges comes in for urgent attention by the Government. Thousands of students who are qualified to be admitted to medical colleges are now denied admission for lack of accommodation. Demands on the floor of this House, have been made from different districts for the establishment of more medical colleges. The Hon. Minister for Health will remember that repeated demands have been made for the establishment of medical colleges in the West Coast and other parts of this State. I, therefore, earnestly request the Hon. Minister for Health to take up the question of opening more medical colleges in this State, so that it may be possible for us to have more doctors to be put in charge of hospitals, rural dispensaries and other medical centres which the Government may open in this State.

“ Another point that I would like to bring to the notice of the Government is the necessity for supplying adequate stocks of medicine to the existing hospitals. Many are the complaints from different centres of the State that not even a small percentage of the minimum quantity of medicine required for the hospitals is supplied by the State. Very often when patients go to hospitals, the reply given to them is ‘we have no medicine; there is no stock of medicine. If you want treatment, you have to bring medicine from outside’. This reply is heard with pain by the poor people especially, in all the hospitals, and I have to bring to the notice of the Government that there is a lot of discontent and resentment among the poor sections of the people that our hospitals and rural dispensaries are not serving them even to a small extent. It is only people who are in a position to purchase medicine that really get some benefit out of these hospitals and rural dispensaries. So, I would respectfully submit to the Government that they should make more provision for the purchase and supply of medicines and they should also ensure the actual use of the medicines supplied to the various hospitals. Complaints have been heard from different centres that medicines supplied to the hospitals are not reaching the patients who go to them. There are malpractices and irregularities and the Government will remember that there were occasions when enquiries had to be made about the proper use of the medicines supplied to hospitals. So, a certain amount of control and supervision has to be exercised by the department concerned over the utilization of medicines supplied to hospitals to see whether they are used for the patients who resort to these hospitals.

“ Sir, as far as the district of Malabar is concerned, we have repeatedly complained on the floor of this House that medical aid given in that district is far from satisfactory. There are hundreds of villages which do not get the benefit of the medical aid rendered by the Government. Even the few hospitals that we have are inadequately supplied with medicines.

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“ Sir, as far as the taluks of Ernad and Walluvanad are concerned, some portions of these taluks are highly malarial and backward and they do not get the assistance and aid given by the hospitals and rural dispensaries established by the Government. So I would urge upon the Government that greater care should be devoted to the alleviation of the sufferings of the people in these two taluks. 11-40 a.m.

“ About the Manjeri hospital, much has been said about the inadequacy of the beds and also the stock of medicines in that hospital. I want that more beds should be provided for that hospital, and also greater stock of medicines should be given to it. It is high time that this hospital is well furnished with beds and supplied with medicines, because it serves lakhs of people. It serves not only the Ernad taluk but also parts of the Walluvanad taluk and it certainly deserves more attention at the hands of the Government than what it gets at present.

“ Then, Sir, with regard to the Headquarters Hospital at Kozhikode, that too deserves the earnest attention of the Government. I find from the answers given by the Hon. Minister for Health to a question put on the floor of this House that two special blocks in the new hospital area are not to be constructed now, but that for those two special blocks, the old hospital buildings are to be made available by spending one and a half lakhs for the purpose of their improvement. I would submit to the Hon. Minister that those two special blocks should be constructed in the new hospital buildings and the work should not be deferred but expedited.

“ Then, Sir, I would appeal to Government to open rural dispensaries at Edavanna, and the villages of Pandikad, Vallivanpara and Vandur in Ernad taluk. I request that the suggestion might receive the early and favourable consideration of the Government. For these are villages where the people do not get any medical aid from the Government. Then, Sir, the malarial tracts of the Ernad taluk deserve greater attention from the Government. The World Health Organization is closing down its centre of anti-malarial activities and relief there very shortly, and there will be a great necessity for providing preventive and curative arrangements for combating malaria in those areas. So Government should consider even now what steps should be taken to make adequate arrangements when the World Health Organization winds up its work in that area. Sir, in the Ernad taluk there are such malarial tracts as Arinpara and Pandalur and also East Ernad where also special arrangements have to be made by our Government to combat malaria.

“ Sir, before I close my speech I would very strongly support the proposal to have mobile medical units. I am glad to hear from the Hon. Minister for Health that that matter is under the active consideration of the Government. The earlier that innovation is made the better it will be for hundreds of villages in Malabar where at present the people do not get any medical aid at all. The introduction of mobile medical units will be providing great relief to those rural areas which are now beyond the reach of hospitals.”

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SRI K. V. RAMESAM:—"Mr. Speaker, Sir, I rise to voice forth the grievances of the L.I.M. students. Sir, the Indian School of Medicine was started in 1924 during the time of the Raja of Panagal. From that time onwards till to-day about 1,500 students have passed out of that institution and I wish to bring to the notice of the Hon. Minister for Public Health that these students have several grievances, the important one being regarding their registration and status. I may state that these pupils have been trained in modern medicine also for instance, in Anatomy, Dissection, Pathology, Surgery and so on. They are given training in Surgery and Midwifery in the local hospitals. Besides that, they are given training in indigenous medicine and also in so many other hospitals like tuberculosis hospitals and other clinics, in the Mental Hospital, in Radiology, etc. Such being the case, when 40 per cent of their time is allotted for training in modern Medicine and 50 per cent of their time is devoted for training in Indian Medicine, I wonder why their status should not be recognized. There is a lot of agitation in the country for including L.I.Ms. in the Register under the Madras Medical Registration Act, 1914. In this connexion, I would like to bring to the notice of Government that the Bombay Government have recognized the L.I.M. Diploma, although the training given there is much less and the standard is much lower than that obtaining there in Madras. Therefore I appeal to the Hon. Health Minister to take immediate measures to include L.I.Ms. in the list under the Madras Medical Registration Act, 1914. I am fortified in this view by the opinion of two great jurists also. Now what does that Act say? Section 13 of that Act which is the relevant section for this purpose says—

* 13. Subject to the provisions of section 14 every person who is—

- (a) for the time being registered under the British Medical Act, or
- (b) is possessed of any of the qualifications described in the schedule,

shall be entitled to be registered on furnishing to the Registrar proof of such registration or qualification whether or not such person practises or intends to practise the allopathic or any other system of medicine."

Therefore that Act does not preclude the L.I.Ms. from being registered under that Act. Further Sir, in view of the importance attached by the Government to this branch of medicine, I earnestly appeal to the Government to take immediate steps to carry out necessary amendments to that Act if the existing provisions do not allow L.I.Ms. to be registered under it. The opinion of the ex-Advocate-General, Mr. Rajah Ayyar (as also that of Mr. T. R. Venkatrama Sastri) is that there is no impediment in the way of L.I.Ms. being included in that list. I also wish to bring to the notice of the Hon. Minister that several times in the conferences held in various districts appeals had in the past been sent to the Government in this behalf. It seems there was no response from the Government. Therefore, I put the matter this way: Now that the L.I.M. course has been abolished, at least now the students who have come out of the College of Indigenous Medicine may be included in that list under the Act from this year by amending the Act suitably."

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* SRI T. VISWANATHAM:—" Mr. Speaker, Sir, I underline everything that has been said by the hon. Member who has just preceded me with reference to the status of the students of the Government College of Indigenous Medicine. In this connexion I shall remind the Hon. Minister of the strike which was conducted by the students of that college some time in January last. I think the then Minister for Health and the then Minister for Finance gave certain hopes. I cannot call them assurances of bettering their conditions. I am told the Hon. Mr. Shetty gave no assurance then. It is good he did not give then, because he has reserved it for this occasion. He must give an assurance now that he will pay his best attention to the problem connected with the Government College of Indigenous Medicine.

" Students with qualifications as good as of those joining the Government Medical College have joined this institution. The courses were not prescribed in proper time and the students made several representations. Their printed representations are also in the files of the Government. Sir, after having invited these boys to join this institution, it is necessary that the Government must pay their best attention to the institution. They must prescribe proper standards. They must not content themselves with merely prescribing the syllabus and standards but they must also be anxious to give a particular status to those who come out of this college. This problem has been well discussed last March and I hope the Hon. Minister for Public Health will take the advice of experts and come to some conclusion in this regard. These boys receive good training as I see from the number of hours prescribed for the various courses. I also understood from the debate that they receive even better training than those who undergo a similar course of training in the Bombay University and receive recognition and registration. 11-50 a.m.

" I am glad the Government did incur some expenditure to expand the hospital attached to this college. But, Sir, I had an opportunity to go there, and like every other hospital, this hospital was also absolutely overcrowded. Therefore the argument that this system of medicine is not quite popular is not right. Judging from the number of patients who are attending the hospital and of those who are turned out for want of accommodation, Sir, I feel that this hospital is serving a very useful purpose. If only the Government follow up the ideals and the purpose for which this college was originally started, they will be doing a very great good to this country, especially in view of the fact that the Government as well as the Members on both sides of the House are agreed upon one point, namely, that there is not adequate medical relief. There are about 1,232 hospitals, big and small put together, in this State. There are about thirty-eight to thirty-nine thousand villages in this State and therefore I need not impress upon the hon. Members of this House and the Hon. Minister for Public Health that medical relief is inadequate. Sir, it is said in one of the reports that, in spite of the increased subsidy sanctioned to Rural Medical Practitioners, there was poor response from qualified medical men to take up appointments under this scheme, and nearly

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70 rural dispensaries of modern medicine were kept closed during the year. I submit, Sir, that this is not a happy state of affairs. If, in spite of the increased subsidy, Medical Practitioners are not going to the villages, it is time for the Government to look into the whole matter and see what is wrong and why it is that these people do not go to the villages and why the conditions that will attract them to the villages are not provided. If the Government are serious and earnest in their statement that they are anxious to spread medical relief to all villages as quickly as possible, it is necessary that they must find out why these Medical Practitioners do not want to go to the villages. May I ask, Sir, whether the Government would convene a conference of various medical men, experts as also other Registered Medical Practitioners and those coming out of the various colleges but awaiting employment, have an open discussion with them and find out what it is that will attract them to the villages, so that the benefits of medicine, whether we call it Ayurveda, Unani or Allopathy, might be enjoyed by the vast population of this State?

“Sir, the fact that we of the Opposition did not move a Cut Motion does not mean that we are in any way satisfied with the administration of this department by the Government. There is no doubt the Government are doing something as any Government is bound to do. Some of us have no personal complaints as men of a certain class or men of certain influence have really not got much to complain about, but we are very few in number. I would only ask the Hon. the Minister for Public Health to go *incognito* to the hospitals when the out-patients are being attended to or go into one of the general wards, not the special wards, and I say—I think most of the Members of this House will also agree with me—that he would be able to find out for himself how the illiterate man, the poor man who has not got good clothes about him gets the least attention. I do not want to criticize any particular doctor in this connection but the fact is there. I know, Sir, how people are turned out at the out-patient dispensary where the prescriptions have got to be dispensed, how they are treated at the places where the doctors have to examine them and how there is not even a respectable and decent place for these people to sit. Sir, they cannot feel that they are the citizens of a democratic country going into an institution maintained at their cost for their purposes. I want the Hon. Minister to view the whole thing from this aspect and let him not be satisfied with the crores that he is spending and with figures for persons treated and similar dry things. He will really get his satisfaction only when he is able to pick out some ten or twelve persons and get their verdict of good treatment in Government's favour. Sir, I earnestly plead for the cause of the poor man and the lower middle class man who do not get their due. I understand, Sir, that there are some countries where people get medical treatment free as a matter of right and, I wonder, when we will reach that stage.

“I may also ask of the Government, whether it will be possible for them to consider proposals for a Public Health Insurance

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Scheme. I know that parts of such a scheme have already been considered and given effect to but I want that almost all the population of this State should be brought under such a scheme. If the Government take into their confidence the Registered Medical Practitioners and Practitioners of Indian Medicine, who are not in Government service, and devise an insurance scheme under which all members of the working classes and the middle classes can be brought in, it will be very cheap from the point of view of the Government and very convenient from the point of view of the people for having good, decent medical aid.

“Coming, Sir, to the spreading of medical relief throughout the State, there was a time when members of the profession thought that only one category of superior doctors with superior qualifications was necessary but now, I understand, opinion is veering round. Whatever may be the theoretical opinion and, as the reports of the Government also say that these doctors are not willing under present conditions to go to the villages, I submit, Sir, that in this country we cannot afford to have everywhere doctors who have studied for five and six years in a medical college. I would therefore suggest to the Government that they should reintroduce short-term courses—I do not mean at the cost of efficiency—where the students can train themselves in two or three years. Of course, the Government may limit the kind of work they should do. For example, if it is a brain operation or an intestinal operation, it may be prescribed that such doctors will not be entitled to undertake them. I do not like to go into such technically detailed aspects but the Government must realize that we want some doctors who can be trained in a shorter period than the present period of six years and at a much cheaper cost, who could spread themselves out into the various villages. The Medical Insurance Scheme, the Public Health Insurance Schemes and the revival of the short-term courses like the L.M.P. and the L.I.M., which could be made shorter than they were originally, would greatly solve the problem of medical relief.

“Sir, friends opposite were talking about ‘mobile units’. That is certainly, one of the methods of spreading medical relief. To-day, Sir, the Government are not able to construct hospitals at the cost demanded by the Public Works Department and according to the designs given by our Consulting Architects. It is, therefore, necessary for the Government to carry the hospitals right into the midst of the poor men's dwellings, and the ‘mobile unit’ is one of the best things devised in modern days for this purpose. It is not only necessary for the Government to spend money for these mobile units but they must also take public help and contributions in this regard. I am sure, a vigorous drive from the Government and an exhibition of earnestness on their part will certainly attract private co-operation also in this matter.

“Then, Sir, I submit that the Government must also make a very good drive at rooting out venereal disease from this State. I cannot understand, Sir, why the Government are not very particular about this subject. Instead, they are working out plans for

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the construction of hospitals at some far-off dates and then dropping them out for financial reasons. Even for rooting out venereal disease, mobile units will certainly serve a very good purpose. There must be an all-out drive for this purpose. The whole State must be divided into a number of zones and the Government must put up a good fight against this disease.

“ When I say, Sir, that the treatment meted out to gentlemen, rich men and men of influence in the hospitals is very good, it does not mean that everything is all right there. I need not mention, Sir, the kind of corruption that is practised in various hospitals at several levels. I do not want to blame any particular official. I ask, Sir, whether the Government are not receiving complaints that it is very difficult for ordinary men to get beds in hospitals unless they see doctors privately beforehand. The complaint may not be true of all doctors, but still it is absolutely true. I want the Hon. Minister to take the medical profession into his confidence and find out a method by which this practice can be eliminated so that ordinary people may not be put to difficulties.

“ Then, Sir, I come to nurses, nursing orderlies and menials in the hospitals. Some very good words have been said about nurses. I am aware, Sir, the nurses in our State are the best available in our country and they deserve our best attention. But, Sir, the Government do not seem to pay attention to the wants of not only nurses but also nursing orderlies and menials who do the greatest amount of work in hospitals. (Interruption by Sri R. V. Swaminathan.) I am not airing my views on female nurses only. I am referring to all, whether a nurse is a male or a female or belongs to a different species. As long as they are there, just as we require them to pay their best attention to us, we on our side must pay our best attention to them in the matter of their food, in the matter of their uniforms, in the matter of their housing, and in the matter of their emoluments and other amenities. From my experience I find that the menials get the worst treatment. Let the Hon. Minister remember that they are also the most important section of the public servants. If they are not satisfied, the Government will not be able to keep the hospitals in a satisfactory condition. I shall not dilate much upon this subject and try to create an atmosphere which may not be appreciated by the Government. But I must say the menials must be attended to. Some of them have no quarters at all. Their dresses are generally found torn, except when a Minister of the Government or the Director of Medical Services visits the hospital. Sometimes, I am told, that during the time taken by the Minister to go from one part of the hospital to another part clean dresses worn by menials are exchanged so that all the menials in all parts of the hospital may present a neat appearance to the Minister. Therefore, I submit, Sir, that the Government should not only pay their attention to the poor people who go to the hospitals but also to those over-worked members of the medical staff from the highest to the lowest.

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"I understand, Sir, that a number of doctors including a large number of lady doctors also who were retrenched two or three years back, have not been taken back to service and that their cases are not being considered whenever questions of filling up vacancies arise. They should have been taken back to service automatically whenever vacancies arose. I understand that some of them had put in a service of nine years and more before they were retrenched. I am told that they are being asked to appear before Selection Committees or Public Service Commission before they are re-appointed. Government will be only doing justice to them if they re-appoint them without putting them to the necessity of appearing before intermediate Selection Committees, etc.

"With regard to getting funds for hospitals, may I suggest, Sir, that we might follow what happens in England and Ireland? When decent countries like England run raffles to get money for running hospitals, I do not see any reason why our Government should be against running raffles. I request the Hon. Minister to consider that aspect also.

"I only submit, once more, with regard to medical administration in hospitals, that the majority of the poor people find it difficult to get entrance into the hospitals and after getting entrance they find it difficult to get proper attention from the doctors attending on them and I want the Government, Sir, to look into this aspect of the matter and pay their best attention to it.

"I have already mentioned about this Government College of Indigenous Medicine. Its recognition is absolutely necessary, if we want to increase the number of doctors. Government say that they are short of medical personnel. At the same time they do not recognize persons who have received training at their own hands. Somebody has got a bee in his bonnet and is raising all sorts of objections in this matter of recognition. Let the Government increase the number of doctors, increase the efficiency of hospitals and increase the attention which they pay to the common people of this State."

* THE HON. SRI A. B. SHETTY:—"Mr. Speaker, Sir, as many as nineteen hon. Members of this House have taken part in the discussion on this Demand, and they have raised various points. Several hon. Members have pleaded for the establishment of more hospitals and the production of more doctors. One hon. Member, Sri K. P. Gopalan, said that medical relief is a fundamental right of the citizens in a modern Welfare State. It is true, Sir, in all progressive countries, medical care is ceasing to be a privately purchasable service or a philanthropic boon and it is coming to be regarded as a civic right and public service. This idea of the right to health had been translated into practical reality by the Labour Government in the United Kingdom in 1948 by inaugurating the scheme of National Health Insurance. Every kind of hospital care and treatment and free medicines and appliances are made available under this Scheme to all citizens who need them. The Hon. the Leader of the Opposition has pleaded

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12-10 that we too should have a National Health Insurance Scheme in
p.m. this State. I am afraid, Sir, in the present conditions obtaining in this country, it may not be possible for us to have such a comprehensive health scheme as the people are having in other countries like England. Under the Employees State Insurance Scheme we shall start on a small scale a Health Service Scheme for industrial workers and the scheme is proposed to be implemented in Coimbatore next year.

“As the Hon. the Leader of the Opposition pointed out, we have in this State nearly 1,232 medical institutions; 900 of these are in rural areas. We have over 2,000 paid medical men and about 773 honorary medical men. Hospital facilities are not fully adequate even in more prosperous countries. Deficiency in medical personnel and institutional facilities is most keenly felt in the rural areas even in those countries.

“As Hon. Members may be aware, Government have accepted schemes for starting Medical Colleges in Madurai and Guntur at an estimated cost of about Rs. 239 lakhs and a small provision has been made in the Budget for this purpose. It is true that judged by western standards, the number of hospitals, dispensaries and doctors we are having is far too short of requirements. But we are trying to do the best we can. As I have stated in the speech I made while introducing the Medical Demand, the number of beds has increased by nearly 7,000 in the course of the last six years. We have provincialized about 140 of the taluk headquarters hospitals and about 68 are remaining to be provincialized. Three instalments of programme of improvements to taluk headquarters hospitals have been sanctioned by Government in 1949, 1950 and 1951 at an estimated cost of Rs. 29.75 lakhs. It is necessary that the various hospitals and dispensaries we have in our State should be suitably and evenly distributed all over the State. The Medical Relief and Public Health Committee who went into this question have in their report recommended that we should have three grades of district headquarters hospitals—A grade, B grade and C grade. It is suggested that we should have A grade hospitals for a group of districts in places like Guntur, (one in the Ceded Districts), Coimbatore, Madurai and Kozhikode. These hospitals should have all specialist departments and facilities for laboratory and pathological examination of patients. It has also been suggested that we should improve our taluk headquarters hospitals. It is for this purpose that these taluk headquarters hospitals are being provincialized and developed as medical and surgical centres. As for the rural areas, the suggestion that has been made is that we should have mobile dispensaries attached to base hospitals. I shall refer to this later. This kind of planned medical relief with improvement of the important hospitals and provision of mobile dispensaries in rural areas will no doubt make proper medical aid available to all classes of people all over the State and this will prevent the rush of cases to Madras where much of the medical and surgical aid is concentrated at present. There are still plenty of quacks flourishing as strongly as ever in most of the villages and even in some of the towns and cities. As I said the other day, almost

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all our hospitals are overcrowded. The Hon. the Leader of the Opposition was complaining that the poor people were not treated well in hospitals. I cannot say that there is no truth in that statement. But the fact that so many people are seeking admissions to hospitals and that our hospitals are overcrowded shows how the people appreciate the treatment given to them in our hospitals. If we want to lessen overcrowding in our hospitals, one way to do that would be to remove chronic and convalescent cases from the hospitals and make provision for them elsewhere.

“Some of the hon. Members have referred to the diet problem. The giving of proper quality diet in our hospitals, I regard as a very important item of work for restoration of health. But the cost of diet is very heavy. It has been suggested that if canteens could be started at least in the premises of bigger hospitals and if they are run under proper medical control and supervision, we can allow self-dieting to well-to-do patients and this will relieve us of a good deal of the cost that we are now incurring on diet.

“Now we are getting our drugs and medicines and medical and surgical appliances from the Central Medical Stores in Madras. Local bodies have been complaining that the indents they send are not fully supplied and that they receive a note saying that the balance will be supplied later. They complain that the money that they have to pay in advance is not sent back and so they are put to difficulties in obtaining their requirements in the local markets, even if they are permitted to do so. This is a matter which we shall have to look into. I think, Sir, that if we can take over this Medical Stores, or if we start our own Medical Stores and manufacture the drugs and medicines that we require, at least the important ones, and if we manufacture our own instruments, hospital furniture and fittings, we can save a great deal of money. The running of this Medical Stores at present is a very profitable proposition to the Central Government.

“Several hon. Members have spoken of the need for starting Medical Colleges in their own places, in Rayalaseema, in the West Coast and so on. Now, the starting of Medical Colleges is a matter which involves a very heavy expenditure. It would require nearly Rs. 2 crores to start a Medical College with a hospital necessary for providing 10 beds for each student. If we are to establish a Medical College for admitting 100 students, we shall require a hospital with 1,000 beds with provision for various specialities. Already we are finding difficulty in getting for our existing colleges properly qualified and competent staff, particularly for teaching non-clinical subjects. A Committee constituted by Government recently considered this question and they have recommended that higher scales of pay should be provided for teachers in the non-clinical departments and that the period of service should be extended up to the age of 60.

“This is a matter which will require consideration by the Government. To make professors retire at the age of 55, when they have accumulated knowledge and acquired ripe experience is

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a loss to the State. Some of our eminent physicians and surgeons have recently retired and their services have been requisitioned in other States and they have been given a higher scale of pay. In certain upgraded departments, like Obstetrics, Gynaecology and Venereal department, the Government of India are permitting people to be employed up to the age of 60 and above. Recently, a great doctor, the Vice-President of the Rockefeller Foundation, who visited several of the medical colleges and hospitals in important places in India has also observed that the retiring age for Professors in Medical Colleges, should be raised to 60. It is difficult to persuade promising young men to take to the teaching career if they have to retire at the age of 55. The prospects of obtaining satisfactory teachers for medical colleges are poor and the situation is becoming worse. Medical education will certainly deteriorate if we are not able to secure teachers of proper quality. We are finding it difficult to recruit men for special training in radiology, anaesthesia and tuberculosis, because they get no opportunity for private practice, and they have little prospects of looking up to any higher jobs. These are difficulties which we will have to consider and solve.

“Then comes the building cost. The building cost has gone up very high. The work of the engineering department proceeds very slowly. We have to consider how to reduce the building costs and utilize more of our limited resources on equipment and personnel. It is a problem indeed. The Bhore Committee has rightly stated that a dispensary located in a mud hut can give useful and effective service provided it is clean and sanitary. My hon. Friend, Sri Vaikunta Baliga and Janab Seethi Saheb have pleaded for the starting of a Medical College in the West Coast. An enterprising doctor at Udupi in South Kanara is keen on starting a Medical College, or at least a Medical School by private effort. He is confident of getting honorary service from eminent retired medical men. Many generous people are said to have promised liberal support to him in that enterprise. He only wants recognition from the Government, because the University is not likely to give recognition for such an effort at the beginning. This is also a matter which the Government may have to consider.

“Sir, several hon. Members including the Leader of the Opposition, have pleaded for a shorter course of training for our medical men. This is a question which has been considered by experts on various occasions. This has been discussed in the report of the Health Survey and Development Committee. The majority of the Members of this Committee have expressed the view that we should have only one type of highly qualified medical men, viz., the Graduate type, whose qualifications are recognized by the University and by the Medical Council of India. If such highly qualified medical men can be assisted by trained technicians and other ancillary personnel, they could extend their sphere of work. That is the view that they have expressed. Of course, the minority have expressed equally strongly the view that there is need for less elaborately trained doctors with a course of training

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extending to 3 or 3½ years to meet the needs of rural areas and this may be accepted at least as a temporary measure. In Russia, they are said to have what are called 'Feloshers' who are medical assistants with a course of training for three years or so and these people seem to be in charge of as many as 48,000 dispensaries. Sir, medical relief work in rural parts is not a problem peculiar to this country. Even in advanced countries like America, they are finding it difficult to get suitable medical men for service in rural areas. It is the town dwellers everywhere that enjoy the benefits of medical progress. Rural people in every country are medically under-privileged. Government are considering the question of starting mobile dispensaries attached to base hospitals. The Minister for Health at the Centre Rajkumari Amrit Kaur has recently said that mobile dispensaries attached to a base hospital would be the only answer to the problem of India's rural medical relief. We must train technicians or other type of ancillary personnel to distribute selected medicines for minor ailments. The Planning Commission have made the same suggestion in their report. They said that we must train a type of rural health personnel for such work. I am told that the UNICEF are likely to make free gift to us of about one or two dozens of jeeps if we apply for it. We shall take up this matter. A conference of a few medical men has been called to consider how we can tackle the problem of rural medical relief, and the suggestion made by the Leader of the Opposition has already been anticipated by the Government.

"Several hon. Members have spoken about indigenous medicine, homeopathy and nature cure. The view that the Central Government have taken in this matter is that those who wish to practise either the indigenous system or the homeopathic system or any other system should have the same basic training as practitioners of modern medicine. The Medical Council of India also has stated that the study of indigenous systems should be permitted only as post-graduate courses after the basic qualification is obtained in modern medicine and this is what they do in the United States, the United Kingdom and the Continent. People are free to adopt any therapy provided they have laid a good basic training.

"Another hon. Member has urged the need for having a common register for the graduates of the College of Indigenous Medicine and for the doctors of Modern Medicine. This is a very controversial matter. The Medical Council of India and the Government of India are not likely to agree to put both these classes of doctors in a common register. They do not recognize that the products of the College of Indigenous Medicine get a sufficiently high standard of education in Modern Medicine. I may say, for the information of hon. Members, that the Chopra Committee, a Committee very sympathetic to the claims of Indian Medicine and one which has gone into this question thoroughly, has also said that it is not necessary to have one register for both

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these classes of medical men and that doctors of Indigenous Medicine could have a separate register for their purpose. The products of our School and College of Indigenous Medicine and many other practitioners of Indian Medicine are now being registered as A and B class practitioners. The A class practitioners are those who have come out of the Government School and College of Indigenous Medicine and B class practitioners are those who have had training in other institutions or those who have managed to produce a certificate that they have practised for over ten years. Four hundred and sixty-seven A class practitioners and two hundred and forty-seven B class practitioners are now employed in our various rural dispensaries and in some of the local fund dispensaries. The College of Indigenous Medicine, as I said in my statement at the time of moving the Demand, has to be upgraded and better clinical training has to be given to the students so that they may be made more useful and better fitted for the work."

SRI T. VISWANATHAM:—"The Government have now abolished the L.I.M. course. Are they going to place the L.I.Ms. on the same level as the L.M.Ps?"

THE HON. SRI A. B. SHETTY:—"L.I.Ms. and L.M.Ps. get the same subsidy if they are employed in the rural dispensaries."

SRI T. VISWANATHAM:—"I am asking for their status and other privileges."

MR. SPEAKER:—"Order, order. The Hon. Minister is not yielding."

SRI T. VISWANATHAM:—"He is not able to sit and stand in quick succession. So he is standing."

* THE HON. SRI A. B. SHETTY:—"Sir, one of the hon. Members expressed himself against the system of honorary service. I am rather surprised that he should have given expression to such an opinion. The honorary system of medical appointments has been appreciated in all quarters and it is being extended from year to year. There are great advantages in this system both for the practitioners who come to do honorary work as well as for the Government. To the honorary man, it gives an opportunity to work in good hospitals under able doctors and get institutional experience. It raises his prestige. Of course, it gives him better work and strengthens him. For the Government, it means economy in expenditure. So for both these reasons, it is necessary to extend the honorary system by giving opportunities to promising young men to serve as honoraries in our district headquarters hospitals, and we encourage them to settle down in mufassal places.

"Another hon. Member, I believe it was Mr. Chella Pandian, has raised the question of birth control. This is a matter which I will deal with under the Public Health Demand.

"He has also spoken about the undesirability of having men nurses. It is true that women nurses are liked by all people.

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(Laughter.) They are ministering angels. By nature and nurture, by temperament and by aptitude, they seem to be peculiarly well-fitted for this kind of work. It may be that men nurses are a little rough and tough. But we require men nurses for work in particular departments like the Venereal department and in the Mental Hospital. The idea of the Government is to have men and women nurses in the proportion of 1 : 3.

Some of the hon. Members have said that the Medical department should get more funds. The Leader of the Opposition said: Why not have 'Irish Sweep Stakes' so as to get money? It is true that the need for developing medical facilities and extending them as far as possible to the rural areas is very great. Our Public Health and Medical Budget now amounts to 4.7 crores of rupees out of a total revenue of 63.90 crores of rupees; that means about 7-1/3 per cent of the total revenues goes for these two items. The Bhoré Committee has said that this should be increased at least to 15 per cent. A very reasonable proposition. But the difficulty is to find ways and means to increase the revenues of the State or we must get a larger share from the Central revenues for meeting these demands.

"Sir, I have tried to deal with most of the points raised by hon. Members. If there are any other matters which have not been touched upon by me, I assure hon. Members that all the points that they have dealt with will be considered in due course and the best attention will be given to meet the needs that they have expressed.

"With these words, I request the Mover of the Cut Motion to withdraw the Motion."

SRI V. BALAKRISHNAN:—"Mr. Speaker, Sir, I do not know whether the Hon. the Minister for Health forestalled my cut motion or I forestalled his intention because he has been full of sweet reasonableness and has himself admitted that the Government of India and the Madras State are contemplating the establishment of mobile dispensaries."

MR. SPEAKER:—"The hon. Member is making a second speech."

SRI V. BALAKRISHNAN:—"Have I no right of reply?"

MR. SPEAKER:—"The Mover of a Cut Motion has no right of reply. The hon. Member will only say whether he withdraws his Cut Motion or whether he presses it."

SRI V. BALAKRISHNAN:—"I beg leave to withdraw my Cut Motion."

SRI S. T. ADITYAN:—"I object, Sir."

MR. SPEAKER:—"As the House does not give leave, I shall put the Cut Motion to the vote of the House. The question is—

'That the allotment of Rs. 3,33,80,000 under Demand XVI—Medical—be reduced by Rs. 100.'"

The Motion was lost.

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MR. SPEAKER:—" I will now put the main motion to the vote of the House. The question is—

' That the Government be granted a sum not exceeding Rs. 3,33,80,000 under Demand XVI—Medical '."

The Demand was carried and the grant was made.

(2) DEMAND XXI—INDUSTRIES.

12-40 P.M. * THE HON. DR. U. KRISHNA RAO:—" Mr. Speaker, Sir, on the recommendation of His Excellency the Governor, I beg to move—

' That the Government be granted a sum not exceeding Rs. 2,03,46,800 under Demand XXI—Industries.'

" This demand relates to the expenditure under the several heads pertaining to the Industries Department. The major activities of the Industries Department may be grouped under the following heads:—

- (1) Commercial Concerns.
- (2) State aid to Industries.
- (3) Polytechnics and Industrial Schools.
- (4) Pumpsets and Power Drills.
- (5) Chemical Testing and Analytical Laboratory.
- (6) Lignite Investigation.

" The following are the Commercial Concerns under the control of the Industries Department:—

(1) *The Kerala Soap Institute, Kozhikode.*—This was started in the year 1917 and is engaged in the manufacture of a variety of soaps. It has shown the way to many factories. The Institute imparts training to students in the manufacture of soaps. The Institute is working at a profit.

(2) *The Government Oil Factory, Kozhikode.*—This Government Oil Factory has acquired a wide reputation for shark liver preparations which are very popular with the medical profession. The factory is working at a profit.

(3) *Hydrogenation Factory, Kozhikode.*—The construction of the factory has almost been completed. The factory has not started production pending the decision of the Government on the future of this factory in view of the fact that prospects of running the factory at a profit are not bright.

(4) *Andhra Paper Mills, Rajahmundry.*—The Mills are now producing unbleached varieties of paper mainly intended to meet the requirements of the Superintendent of Stationery. Worn out parts have been replaced at a cost of Rs. 95,725 and new machinery has been purchased at a cost of Rs. 1,51,700 for improving the quality of paper. The Mills are working at a profit.

(5) *Government Ceramic Factory, Gudur.*—The factory is at present producing sanitary and crockery wares. It will soon